

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street)

1133 Connecticut Avenue, NW

Suite 1100

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00411553

3. IS THIS REPORT

☐ NEW (N)

OR

☒ AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Hugh M Taylor MD

Signature of Treasurer

Hugh M Taylor MD

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y 02 / 01 / 2014 To: M M / D D / Y Y Y Y Y 02 / 28 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014		408793.60
(b) Cash on Hand at Beginning of Reporting Period.....	445086.51	
(c) Total Receipts (from Line 19) .....	43121.53	114958.09
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	488208.04	523751.69
7. Total Disbursements (from Line 31) .....	68474.57	104018.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	419733.47	419733.47
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 02 / 01 / 2014

To:

 M M / D D / Y Y Y Y Y  
 02 / 28 / 2014
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

30996.66

77603.32

(ii) Unitemized .....

11387.08

36092.83

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

42383.74

113696.15

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

42383.74

113696.15

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

737.79

1261.94

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

43121.53

114958.09

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

43121.53

114958.09

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	924.57	1468.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	924.57	1468.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	67500.00	102500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	50.00	50.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	50.00	50.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	68474.57	104018.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	68474.57	104018.22

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	42383.74	113696.15
34. Total Contribution Refunds (from Line 28(d)) .....	50.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	42333.74	113646.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	924.57	1468.22
37. Offsets to Operating Expenditures (from Line 15, page 3).....	737.79	1261.94
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	186.78	206.28

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB  
.

Form/Schedule: F3XA

Transaction ID :

Second amended March 20 2014 report - amended to capture changes reported in second amendment to August 20  
2013 report

Form/Schedule:

Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 42  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dale Crawford Allison MD**

Mailing Address 3301 Alexander Ave

City

Waco

State

TX

Zip Code

76708-2301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

02 / 10 / 2014

Transaction ID : C2645452

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Michelle Lopez Apiado MD**

Mailing Address 1275 Winsted Rd Unit 427

City

Torrington

State

CT

Zip Code

06790-2967

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Family Medicine of CT

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

02 / 03 / 2014

Transaction ID : C2639858

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Brian L Bachelder MD**

Mailing Address 5151 TR 126

City

Mount Gilead

State

OH

Zip Code

43338

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Akron General Medical Center

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

02 / 19 / 2014

Transaction ID : C2647780

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1095.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 8 OF 42

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Rebekah Ann Bernard MD**

Mailing Address 19481 Devonwood Cir

City

Fort Myers

State

FL

Zip Code

33967-4850

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Collier Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY  
02 / 19 / 2014

**Transaction ID : C2647774**

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

**B. Kenneth Robert Bertka MD**

Mailing Address 8533 Castle Oaks Pl

City

Holland

State

OH

Zip Code

43528-9231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Health Partners

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
02 / 19 / 2014

**Transaction ID : C2648834**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Vicki M Bertka MD**

Mailing Address 8533 Castle Oaks Pl

City

Holland

State

OH

Zip Code

43528-9231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hospice of Northwest Ohio

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
02 / 19 / 2014

**Transaction ID : C2715894**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1600.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 42  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Janalynn Fish Beste MD**

Mailing Address 1212 Vanderhorst Pl

City State Zip Code  
Wilmington NC 28405-5327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of North Carolina

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 03 / 2014

**Transaction ID : C2638901**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Russell S Breish MD**

Mailing Address 906 Spring Ave

City State Zip Code  
Fort Washington PA 19034-1416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chestnut Hill Hospital

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 08 / 2014

**Transaction ID : C2645491**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Jennifer L Brull MD**

Mailing Address PO Box 147  
3000 US HWY 183

City State Zip Code  
Plainville KS 67663-0147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 19 / 2014

**Transaction ID : C2661443**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1230.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 42  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Domenic Wm Casablanca MD**

Mailing Address 4 Corporate Dr  
Ste 195

City State Zip Code  
Shelton CT 06484-6240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2014

**Transaction ID : C2651621**

Amount of Each Receipt this Period

1.00

Full Name (Last, First, Middle Initial)

**B. Frank M Castillo MD**

Mailing Address 2750 W North Ave

City State Zip Code  
Chicago IL 60647-5247

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Erie Family Health Center

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 19 / 2014

**Transaction ID : C2648833**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Barton A Chase MD**

Mailing Address 3856 Highway 57 W  
P.O. Box 99

City State Zip Code  
Ramer TN 38367-7167

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Ramer Family Health Center

Physician/Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 19 / 2014

**Transaction ID : C2648993**

Amount of Each Receipt this Period

2750.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3001.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 11 OF 42

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Christopher Bice Clemow MD**

Mailing Address 324 Addis Cir

City

Anderson

State

SC

Zip Code

29626-5702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AN Med Health

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 19 / 2014

**Transaction ID : C2647789**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Jonathan Mitchell Cook DO**

Mailing Address 632 Chesterfield Rd

City

Bogart

State

GA

Zip Code

30622-6817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Clarke-Oconee Family Practice

Occupation

Physican

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 08 / 2014

**Transaction ID : C2645486**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Jonathan Mitchell Cook DO**

Mailing Address 632 Chesterfield Rd

City

Bogart

State

GA

Zip Code

30622-6817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Clarke-Oconee Family Practice

Occupation

Physican

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 19 / 2014

**Transaction ID : C2648832**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 12 OF 42

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Steven A Crawford MD**

Mailing Address 900 NE 10th St

City

Oklahoma City

State

OK

Zip Code

73104-5420

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Oklahoma

Occupation

Physician Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.32

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 23 / 2014

**Transaction ID : C2649872**

Amount of Each Receipt this Period

416.66

Full Name (Last, First, Middle Initial)

**B. Patricia A Czapp MD**

Mailing Address 102 Melvin Ave

City

Annapolis

State

MD

Zip Code

21401-1221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 19 / 2014

**Transaction ID : C2648897**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Keith E Davis MD**

Mailing Address PO Box 563

City

Shoshone

State

ID

Zip Code

83352-0563

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician Owner/CEO/Med Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 20 / 2014

**Transaction ID : C2649672**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1281.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 42  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Thomas M Dean MD**

Mailing Address PO Box 335

409 W. 10th Street

City

Wessington Springs

State

SD

Zip Code

57382-0335

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Horizon Health Care

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 19 / 2014

**Transaction ID : C2647782**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Josephine Y Dinkha MBHB**

Mailing Address 1851 Beechnut Rd

City

Northbrook

State

IL

Zip Code

60062-1201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 19 / 2014

**Transaction ID : C2648909**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Heidi Miller Duncan MD**

Mailing Address 2711 Gregory Dr N

City

Billings

State

MT

Zip Code

59102-0507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Billings Clinic

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 10 / 2014

**Transaction ID : C2645457**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 42

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robert Eidus MD**

Mailing Address 123 N Union Ave

City

Cranford

State

NJ

Zip Code

07016-2173

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

02 / 26 / 2014

**Transaction ID : C2650508**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Tricia C Elliott MD**

Mailing Address 2214 Hazard St

City

Houston

State

TX

Zip Code

77019-6514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kelsey-Seybold Clinic

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

02 / 19 / 2014

**Transaction ID : C2648836**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Sarah Jane Fessler MD**

Mailing Address 44 Riverside Dr

City

Riverside

State

RI

Zip Code

02915-4717

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

370.00

Date of Receipt

02 / 10 / 2014

**Transaction ID : C2645677**

Amount of Each Receipt this Period

370.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1100.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 42

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Wanda D Filer MD**

Mailing Address 510 Aqua Ct

City	State	Zip Code
York	PA	17403-3623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Strategic Health Institute

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	28	/	2014

**Transaction ID : C2651562**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Aaron M Garman MD**

Mailing Address 1312 Highway 49

City	State	Zip Code
Beulah	ND	58523-9148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coal country health.com

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	10	/	2014

**Transaction ID : C2645567**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Dennis Lynn Gingrich MD**Mailing Address HMC, FAMILY MEDICINE, H154  
500 University Dr

City	State	Zip Code
Hershey	PA	17033-2360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	26	/	2014

**Transaction ID : C2650515**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1080.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 42

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Janice R Gomersall MD**

Mailing Address Physicians Bldg # 3

2835 FORT MISSOULA RD STE 102

City

Missoula

State

MT

Zip Code

59804-7424

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Community Physician Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2014

**Transaction ID : C2645868**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Ivan A Gomez Gomez**

Mailing Address 155 N Fresno St

Fresno

City

Fresno

State

CA

Zip Code

93701-2302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2014

**Transaction ID : C2649925**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Naomi S Grobstein MD**

Mailing Address 48 Fairfield St

City

Montclair

State

NJ

Zip Code

07042-4137

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Family Health Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2014

**Transaction ID : C2647768**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

980.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 42

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. David J Hagan MD**

Mailing Address 410 Meadow Rue Dr

City	State	Zip Code
Gibson City	IL	60936-1914

FEC ID number of contributing federal political committee.

C

Name of Employer

Gibson City

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	14	/	2014

Transaction ID : C2646676

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Daniel J Heinemann MD**

Mailing Address 1305 W 18th St

City	State	Zip Code
Sioux Falls	SD	57105-0401

FEC ID number of contributing federal political committee.

C

Name of Employer

Sioux Valley Health Systems

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	06	/	2014

Transaction ID : C2641926

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Thomas Lynn Hicks MD**

Mailing Address 3258 N Monroe St

City	State	Zip Code
Tallahassee	FL	32303-2822

FEC ID number of contributing federal political committee.

C

Name of Employer

Patients First

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	28	/	2014

Transaction ID : C2651611

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ▶

1200.00

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 OF 42

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Benjamin Tate Hinkle**

Mailing Address 1002 Hampton Fall Blvd  
Apt 1528

City Brownsboro State AL Zip Code 35741-8035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UAB School of Medicine

Occupation  
Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

MM / DD / YYYY  
02 / 08 / 2014

**Transaction ID : C2645487**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. David J Hoelting MD**

Mailing Address 813 Lloyd St

City Pender State NE Zip Code 68047-5021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pender Medical Clinic

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
02 / 19 / 2014

**Transaction ID : C2648835**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Marc D Irwin MD**

Mailing Address 911 23Rd St

City Canyon State TX Zip Code 79015-4645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
02 / 19 / 2014

**Transaction ID : C2647797**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1115.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 42

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Rebecca Jaffe Md Mph Jaffe MD**

Mailing Address 3105 Limestone Rd  
Ste 300

City State Zip Code  
Wilmington DE 19808-2156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rebecca Jaffe and Asso, PA

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 19 / 2014

**Transaction ID : C2648903**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Leslie Leslie Knight MD**

Mailing Address 3024 Alamo Cir

City State Zip Code  
Holloman Afb NM 88330-7873

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US Air Force

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 08 / 2014

**Transaction ID : C2645489**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**c. Stanley M Kozakowski MD**

Mailing Address 13213 Reeder St

City State Zip Code  
Overland Park KS 66213-3657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Academy of Family Physicians

Occupation  
Medical Education Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 08 / 2014

**Transaction ID : C2645490**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1730.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 42

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kaparaboyana Ashok Kumar MD**

Mailing Address 18718 Needle Rock

City

San Antonio

State

TX

Zip Code

78258-4638

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

MM / DD / YYYY  
02 / 19 / 2014

**Transaction ID : C2648890**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Michael Dennis Lano MD**

Mailing Address 4695 Shoreline Drive

City

Spring Park

State

MN

Zip Code

55317-9502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ridgeview Clinics

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
02 / 24 / 2014

**Transaction ID : C2649917**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Robert A Lee MD**

Mailing Address 9116 Hammontree Dr

City

Urbandale

State

IA

Zip Code

50322-7427

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lee and Ruisch

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
02 / 27 / 2014

**Transaction ID : C2651133**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1115.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 42

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Gary L LeRoy MD**

Mailing Address 761 Kenilworth Ave

City  
DaytonState  
OHZip Code  
45405-4051FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2014

**Transaction ID : C2648873**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Geoffrey L Loman MD**

Mailing Address 168 N Brent St Ste 502

City  
VenturaState  
CAZip Code  
93003-2840FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brent Street Family Practice

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2014

**Transaction ID : C2647772**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Teresa Grossman Lovins MD**

Mailing Address 4365 N Riverside Dr

City  
ColumbusState  
INZip Code  
47203-1124FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2014

**Transaction ID : C2650514**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

865.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 OF 42

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Scott Alfred Luking MD**

Mailing Address 195 Birdhaven Trl

City

Reidsville

State

NC

Zip Code

27320-8070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Reidsville Family Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 19 / 2014

Transaction ID : C2648906

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Andrew Lutzkanin III**

Mailing Address 1835 Blacklatch Ln

City

Middletown

State

PA

Zip Code

17057-2984

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Reading Hosp Reading Hlth Sys

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

02 / 11 / 2014

Transaction ID : C2645906

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

## **C. Terry Lee Mills MD**

Mailing Address 720 Medical Center Dr

City

Newton

State

KS

Zip Code

67114-8778

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Via Christi Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 08 / 2014

Transaction ID : C2645492

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1115.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 42

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Vasanthan G Naidu**

Mailing Address 700 South Gregory Street  
Suite A

City State Zip Code  
Urbana IL 61801-3622

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2014

**Transaction ID : C2639856**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Sarah Catherine Nosal MD**

Mailing Address 40 E 9th St

City State Zip Code  
New York NY 10003-6421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Institute for Family Health

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 08 / 2014

**Transaction ID : C2645466**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**c. David T O'Gurek MD**

Mailing Address 440 W Iron St

City State Zip Code  
Summit Hill PA 18250-1014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 19 / 2014

**Transaction ID : C2648899**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1230.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 OF 42

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Daniel J Ostergaard MD**

Mailing Address 14547 S Hagan St

City

Olathe

State

KS

Zip Code

66062-9001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 24 / 2014

**Transaction ID : C2649918**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Francis L Pisney MD**

Mailing Address 322 1/2 College Ave

City

Iowa Falls

State

IA

Zip Code

50126-2106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ellsworth Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 03 / 2014

**Transaction ID : C2639854**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**c. Daniel H Reiffenberger MD**

Mailing Address 4100 Golf Course Rd

City

Watertown

State

SD

Zip Code

57201-5416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 10 / 2014

**Transaction ID : C2645679**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1230.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 OF 42

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lonnie S Robinson MD**

Mailing Address 4683 Old Military Rd

City

Mountain Home

State

AR

Zip Code

72653-4871

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 26 / 2014

**Transaction ID : C2650512**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Dennis F Salisbury MD**

Mailing Address 805 W Diamond St

City

Butte

State

MT

Zip Code

59701-1526

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sisters of Charity of Leavenworth Heal

Occupation

physician and Chief Physician Executiv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 10 / 2014

**Transaction ID : C2645669**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**c. Madalyn Schaefer MD**

Mailing Address 1025 Newgate Dr

City

Allentown

State

PA

Zip Code

18103-9263

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 19 / 2014

**Transaction ID : C2648894**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3230.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 42  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dean A Schultz MD**

Mailing Address 1850 Hickory St

City State Zip Code  
 Abilene TX 79601-2325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 19 / 2014

**Transaction ID : C2647771**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Patricia Ann Sereno MD**

Mailing Address 10 Morgan Ave

City State Zip Code  
 Stoneham MA 02180-3417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 26 / 2014

**Transaction ID : C2650511**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Michael Sevilla MD**

Mailing Address 2370 Southeast Blvd

City State Zip Code  
 Salem OH 44460-3418

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Family Practice Center of Salem

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 19 / 2014

**Transaction ID : C2661449**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1030.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 OF 42

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dana Lee Sisk MD**

Mailing Address 821 N Main St

City

Bonham

State

TX

Zip Code

75418-3723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 19 / 2014

**Transaction ID : C2647767**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Daniel R Spogen MD**

Mailing Address Brigham Building MS 316

City

Reno

State

NV

Zip Code

89557-0046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Nevada

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 03 / 2014

**Transaction ID : C2639876**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Robert L Wergin MD**

Mailing Address 10500 W A St

City

Lincoln

State

NE

Zip Code

68532-9183

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1034.00

Date of Receipt

02 / 19 / 2014

**Transaction ID : C2648839**

Amount of Each Receipt this Period

11.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1261.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 42  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robert L Wergin MD**

Mailing Address 10500 W A St

City  
Lincoln

State  
NE

Zip Code  
68532-9183

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1034.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 19 / 2014

**Transaction ID : C2648887**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Robert L Wergin MD**

Mailing Address 10500 W A St

City  
Lincoln

State  
NE

Zip Code  
68532-9183

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1034.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2014

**Transaction ID : C2651627**

Amount of Each Receipt this Period

23.00

Full Name (Last, First, Middle Initial)

**c. Shawn Harper Dic West MD**

Mailing Address 7315 212th St SW  
Ste 101

City  
Edmonds

State  
WA

Zip Code  
98026-7610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 26 / 2014

**Transaction ID : C2650507**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1523.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 42

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richard Andre Wherry MD**

Mailing Address 59 Tipton Dr

City

Dahlonega

State

GA

Zip Code

30533-1603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Chestatee Regional Hospital

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	1	4

**Transaction ID : C2640682**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Brent Brent Wright MD**

Mailing Address 104 Northwood Dr

City

Glasgow

State

KY

Zip Code

42141-8078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	4		2	0	1	4

**Transaction ID : C2649916**

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**C. Kim K Yu MD**

Mailing Address 26030 Island Lake Dr

City

Novi

State

MI

Zip Code

48374-2161

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	1	4

**Transaction ID : C2661451**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

985.00

**TOTAL** This Period (last page this line number only)..... ►

30996.66

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 42

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. American Academy of Family Physicians**

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1261.94

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		12		2014

**Transaction ID : C2645875**

Amount of Each Receipt this Period

709.89

Full Name (Last, First, Middle Initial)

**B. American Academy of Family Physicians**

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1261.94

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		18		2014

**Transaction ID : C2647390**

Amount of Each Receipt this Period

27.90

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

737.79

**TOTAL** This Period (last page this line number only)..... ►

737.79

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Category/  
Type

24.38

M M / D D / Y Y Y Y  
02 07 2014

Category/  
Type

11.86

Category/  
Type

16.25

Age Group	Percentage
18-24	52.49
25-34	10.26
35-44	10.26
45-54	10.26
55-64	10.26
65-74	10.26
75-84	10.26
85+	10.26

A diagram of a rectangular frame. It consists of a horizontal beam at the top and a horizontal beam at the bottom, connected by vertical supports. The top beam has several small rectangular protrusions along its length. The bottom beam has several small rectangular protrusions along its length. The vertical supports are represented by short vertical lines connecting the top and bottom beams.

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Country	Percentage
16.25	
15.75	
15.25	
14.75	
14.25	
13.75	
13.25	
12.75	
12.25	
11.75	
11.25	
10.75	
10.25	
9.75	
9.25	
8.75	
8.25	
7.75	
7.25	
6.75	
6.25	
5.75	
5.25	
4.75	
4.25	
3.75	
3.25	
2.75	
2.25	
1.75	
1.25	
0.75	
0.25	

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

2.98

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

117.00

Age Group	Percentage
18-24	136.23
25-34	~100
35-44	~100
45-54	~100
55-64	~100
65-74	~100
75-84	~100
85+	~100



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

### A. American Express

Date of Disbursement

Mailing Address PO Box 53852



City	State	Zip Code
Phoenix	AZ	85072-3852

Transaction ID : D154254

Purpose of Disbursement
Bank card processing fee

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

3.25

Full Name (Last, First, Middle Initial)

## B. American Express

Date of Disbursement

Mailing Address PO Box 53852

M M / D D / Y Y Y Y  
02 24 2014

City	State	Zip Code
Phoenix	AZ	85072-3852

Transaction ID : D154255

Purpose of Disbursement
Bank card processing fee

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

57.85

Full Name (Last, First, Middle Initial)

### C. American Express

Date of Disbursement

Mailing Address PO Box 53852

M M / D D / Y Y Y Y  
02 27 2014

City	State	Zip Code
Phoenix	AZ	85072-3852

Transaction ID : D154256

Purpose of Disbursement
Bank card processing fee

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Age Group	Percentage
18-24	1.37
25-34	0.85
35-44	0.72
45-54	0.68
55-64	0.65
65-74	0.62
75-84	0.58
85+	0.55

**SUBTOTAL** of Disbursements This Page (optional).....

Percentage of students who did not pass the exam
62.47

**TOTAL** This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

28.28

State:  District:

MM / DD / YYYY

State:  District:


State:  District:

673.38

924.57

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. AmeriPAC: The Fund for a Greater America**

Mailing Address 499 S. CAPITOL ST. S.W. #414

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement  
Campaign contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Transaction ID : D154004

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Democratic Senatorial Campaign Committee**

Mailing Address 120 Maryland Ave NE

City	State	Zip Code
Washington	DC	20002-5610

Purpose of Disbursement  
Campaign contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Transaction ID : D153809

Amount of Each Disbursement this Period

15000.00
----------

Full Name (Last, First, Middle Initial)

**C. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)**

Mailing Address 25 East Main Street, Suite 200

City	State	Zip Code
Richmond	VA	23219

Purpose of Disbursement  
Campaign contribution

Candidate Name

Rep. Eric Cantor

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: VA District: 07

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Transaction ID : D153803

Amount of Each Disbursement this Period

2500.00
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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

20000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. ROUNDS FOR SENATE**

Mailing Address PO Box 250

City	State	Zip Code
Pierre	SD	57501-0250

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Hon. Mike Rounds**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	28	/	2014

**Transaction ID : D153997**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. LEADERSHIP FOR TODAY AND TOMORROW**Mailing Address 625 3rd St NE  
Apt 2

City	State	Zip Code
Washington	DC	20002-4942

Purpose of Disbursement  
Campaign contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	28	/	2014

**Transaction ID : D153995**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. ANDY HARRIS FOR CONGRESS**

Mailing Address PO Box 1527

City	State	Zip Code
Annapolis	MD	21404

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Andy Harris**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	28	/	2014

**Transaction ID : D153996**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. GUTHRIE FOR CONGRESS**

Mailing Address PO Box 9639

City	State	Zip Code
Bowling Green	KY	42102

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Brett Guthrie**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

**Transaction ID : D153801**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. CANTOR FOR CONGRESS**

Mailing Address P. O. Box 17813

City	State	Zip Code
Richmond	VA	23226

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Eric Cantor**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

**Transaction ID : D153802**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. UPTON FOR ALL OF US**

Mailing Address 104 Hume Ave

City	State	Zip Code
Alexandria	VA	22301-1015

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Fred Upton**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

**Transaction ID : D153807**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. BRADY FOR CONGRESS**

Mailing Address P.O. BOX 8277

City	State	Zip Code
THE WOODLANDS	TX	77387

Purpose of Disbursement  
Campaign contribution

Candidate Name

Rep. Kevin Brady

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	28	/	2014

Transaction ID : D153805

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. BRADY FOR CONGRESS**

Mailing Address P.O. BOX 8277

City	State	Zip Code
THE WOODLANDS	TX	77387

Purpose of Disbursement  
Campaign contribution

Candidate Name

Rep. Kevin Brady

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	17	/	2014

Transaction ID : D153806

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. KEVIN MCCARTHY FOR CONGRESS**

Mailing Address PO Box 12667

City	State	Zip Code
Bakersfield	CA	93389

Purpose of Disbursement  
Campaign contribution

Candidate Name

Rep. Kevin McCarthy

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	28	/	2014

Transaction ID : D153800

Amount of Each Disbursement this Period

2500.00
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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MICHAEL BURGESS FOR CONGRESS**

Mailing Address PO Box 2334

City	State	Zip Code
Denton	TX	76202

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Michael C. Burgess**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

**Transaction ID : D153804**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. SIMPSON FOR CONGRESS**

Mailing Address 1487 PARKWAY DRIVE

City	State	Zip Code
BLACKFOOT	ID	83221

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Mike Simpson**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ID District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

**Transaction ID : D154002**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. RYAN FOR CONGRESS**

Mailing Address P. O. Box 1919

City	State	Zip Code
Janesville	WI	53547

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Paul D. Ryan**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

**Transaction ID : D154003**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00
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# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 40 OF 42

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. LEVIN FOR CONGRESS**

Mailing Address PO Box 37

City State Zip Code  
 Roseville MI 48066

Purpose of Disbursement  
 Campaign contribution

Candidate Name

**Rep. Sander M. Levin**

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 12

Date of Disbursement

M M / D D / Y Y Y Y  
 02 28 2014

**Transaction ID : D153799**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

## **B. PAT ROBERTS FOR U S SENATE INC**

Mailing Address PO BOX 433

City State Zip Code  
 GREAT BEND KS 67530

Purpose of Disbursement  
 Campaign contribution

Candidate Name

**Sen. Pat Roberts**

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: KS District: 00

Date of Disbursement

M M / D D / Y Y Y Y  
 02 28 2014

**Transaction ID : D153998**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

## **C. PEOPLE FOR PATTY MURRAY**

Mailing Address PO BOX 3662

City State Zip Code  
 SEATTLE WA 98124

Purpose of Disbursement  
 Campaign contribution

Candidate Name

**Sen. Patty Murray**

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 00

Date of Disbursement

M M / D D / Y Y Y Y  
 02 28 2014

**Transaction ID : D153808**

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

10000.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. WYDEN FOR SENATE**

Mailing Address 232 NE 9TH AVENUE

City	State	Zip Code
PORTLAND	OR	97232

Purpose of Disbursement  
Campaign contribution

Candidate Name

Sen. Ron Wyden

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: OR District: 00

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Transaction ID : D154001

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. COLLINS FOR SENATOR**

Mailing Address PO BOX 1096

City	State	Zip Code
BANGOR	ME	04402

Purpose of Disbursement  
Campaign contribution

Candidate Name

Sen. Susan Collins

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: ME District: 00

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		17		2014

Transaction ID : D153999

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. COLLINS FOR SENATOR**

Mailing Address PO BOX 1096

City	State	Zip Code
BANGOR	ME	04402

Purpose of Disbursement  
Campaign contribution

Candidate Name

Sen. Susan Collins

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: ME District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Transaction ID : D154000

Amount of Each Disbursement this Period

2500.00
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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

7500.00
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67500.00
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